

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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7		4				
8		4				
9		4				
10		4				
11		7				
12	1					
13		5				
14		2				
15	1					
16		3				
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18	1					
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TOTAL IND.	4					
TOTAL DEP.	31					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						